



DEFENSE HEALTH AGENCY
DILorenzo TRICARE HEALTH CLINIC
5801 ARMY PENTAGON
WASHINGTON, DC 20310-5801

MCHLP-FTW

Fit To Win-Wellness
Corridor 8, Room MG886A.4
DiLorenzo TRICARE Health Clinic
703-692-8898 Fax: 703-692-6201
dha.pentagon.ncr-medical.mbx.dthc-nursing-mothers@mail.mil

Welcome to the Pentagon-Mark Center Nursing Mothers' Program, a partnership formed between **Washington Headquarters Services and Fit To Win – Wellness**, to support working mothers in the workforce.

Review this agreement closely and return it, with your signature and contact information, to Fit To Win via email, fax, or in person

By signing this agreement you agree to:

1. Adhere to all program conditions as stated in the PMCNMP Program Expectations Guide
2. Provide your own personal pumping accessory kit, never share personal accessories.
3. Provide your own storage bottles, labels, storage bag.
4. Provide the Room POC with your contact information.
5. Assist with maintaining cleanliness of the room.
6. Never allow friends or coworkers to accompany you inside the room
7. Never share the room combinations.

The Nursing Mothers' Program is a service which can be revoked at any time if the program expectations and guidelines are not complied with.

Pentagon: 2A5WA ____ 2B9WA ____ 3A7WA ____ 3B9WA ____
4A1WA ____ *no pumps 4A7WA ____ 5A5WA ____

Mark Center: 01N24-03 ____ 01E27 ____

Date you will begin using the room: _____

How did you hear about the Nursing Mothers' Program? _____

I have read the program description and responsibilities. I agree to comply with the stated terms of the program.

Nursing Mother's Signature

Printed Name

Duty Email address

Duty Phone Number

Date

TRICARE eligible? Y N